

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35975

File No. _____
Registered No. _____
St. _____ Ward _____

JAN 26 1934
PLACE OF DEATH
County _____
Township _____
City _____ (No. _____)

Registration District No. 185
Primary Registration District No. 5260

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-30-1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
1-6 hr min

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Rogersville Mo
(STATE OR COUNTRY) R-2 #1

10. NAME OF FATHER Henry Horton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Christian Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Porter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Christian Co Mo
(STATE OR COUNTRY)

14. INFORMANT Henry Horton
(Address) Rogersville Mo R-2 #1

15. FILED 1-8-1934 Ma. L. B. Clemens
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 1933 to Nov 1 1933
that I last saw her alive on Oct 31 1933 and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Congestion of Lungs

111B

CONTRIBUTORY (SECONDARY) 111B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. C. H. H. H. M. D.

11-1 , 19 33 (Address) Rogersville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Hillins Cemetery Nov 1 1933

20. UNDERTAKER

ADDRESS

None

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

